

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048995

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 9 1964

## 1. PLACE OF DEATH

a. COUNTY

Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Rolla

Length of stay in 1b  
6 months

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

McFarland Nurseing Home

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Maries

c. CITY  
OR  
TOWN Belle

Inside Limits  
Yes ☐ No ☒

d. STREET B (If outside, give location)  
ADDRESS Jefferson Township

Reside on Farm  
Yes ☒ No ☐

## 3. NAME OF DECEASED

First  
HATTIE

Middle  
LELA

Last  
LOMAN

4. DATE OF DEATH Dec. 28, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3/4/1880

## 9. AGE (last birthday)

83

## 10. IF UNDER 1 YEAR IF UNDER 24 HR.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (City and state or country)

Kentucky

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Ira Morelock

## 13b. MOTHER'S MAIDEN NAME

Addie Mink

## 14. NAME OF HUSBAND OR WIFE

deceased

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no none

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Boly A. Jones Belle, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary sclerosis

INTERVAL BETWEEN ONSET AND DEATH

fast?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I

Senility

Possible pelvic ca but not definite

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes ☐ No ☐ Unknown ☐

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-17-63 to 12-28-63 and last saw her alive on 12-27-63  
Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

E.E. Fawcett M.D.

## 22b. ADDRESS

Rolla Mo.

## 22c. DATE SIGNED

12-28-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

12/28/1963

## 23c. NAME OF CEMETERY OR CREMATORY

Skaggs Chupol

23d. LOCATION (City, town, or county)

Lanes Prairie, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Jones Funeral Home Belle, Mo.

## 25. DATE RECD. BY LOCAL REG.

Dec. 28, 1963

## 26. REGISTRAR'S SIGNATURE

Nadene L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59	1 1817	2 0630	3	4 1	5 2	6	7 1	8 2	9 4/20/64	10	11	12 86-0	13 1-0
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Donald Howard Jones*

Licensed Embalmer No. 4411

P. O. Address Belle, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.